

# MANUAL TRANSMITTAL

## Arkansas Department of Human Services Division of County Operations

☐ Policy ☐ Form ☒ Policy Directive

Issuance Number: TEA PD 02-03

Transitional Employment Assistance Manual

Issuance Date: June 24, 2002

From: Joni Jones  
Director

Expiration Date: Until Superseded

Subj: Hardship Extensions to Federal 60 Month Limit

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### Background

The purpose of this directive is to provide procedures and general guidance for providing a hardship extension to the Federal 60-month time limit. Procedures for current cases that have received 58 or more months are provided in Section X of this directive.

Federal law allows a State to extend 20% of the state's average monthly caseload beyond 60 months due to a hardship reason. These cases include those who were extended past the twenty-four month limit and those who have been deferred from the state time limit and therefore not reached the 24-month state limit. Because we can only extend a certain percentage of the caseload, the hardship extensions are much stricter than those allowed for the 24-month limit. We will also be working with our much harder to serve clients during this period and therefore Case Managers must be sure to provide intensive case management services.

Please note that there are **no** exemptions to the 60-month time limit. The decision to grant a hardship extension beyond the 60-month time limit will be made using the following policy and procedures.

### I. Reasons for Granting a Hardship Extension to the Federal 60 Month Time Limit

When a family's federal count has reached 60 months, a hardship extension may be granted in the following situations:

- The adult has a physical or mental impairment that ARS states is too severe for Rehabilitation services and the individual has been denied SSA/SSI disability through an appeal.
- The adult is receiving ARS services by participating in a sheltered workshop and ARS has stated that this is the extent of activities the individual can do.
- The adult is receiving treatment through the severe barriers project and the severe barriers assessment team is providing case management services. (Upon implementation in the county)

- The adult has been, and continues to be, unable to participate in work activities due directly to the effects of domestic violence.
- The adult was unable to participate in work activities due to circumstances beyond his or her control. (See examples below)

**Example 1:** Client was deferred for many months due to having surgery and complications following the surgery.

**Example 2:** Client was deferred to care for a chronically or terminally ill child or other family member and no adequate resources are available to assist the client of the day to day care of the individual.

**NOTE:** Because Arkansas' TANF program did not begin until July, 1997 the months an adult who received TANF in another state prior to July 1997 will not count toward the 60-month limit, provided the family has not reached the 60-month limit prior to moving to Arkansas.

**Example:** Ms. Jones moved from California in June 2001. She was approved for TEA in Arkansas in October 2001. While in California, she received TANF from October 1996 until March 1998. She did not reach the 60-month limit prior to moving to Arkansas. When determining if she has reached the federal limit, the months beginning October 1996 through June 1997 will not count. The first month that will count will be July 1997.

## **II. General Staffing Information**

As with cases that are reaching the State 24-month time limit, an extensive staffing that focuses on progress and activities that will best achieve employment by the time the individual reaches the time limit will be conducted on cases nearing the 60-month time limit. Other individuals or agencies that have been involved with the client, such as ARS staff or severe barriers assessment team, will be invited to the staffings. If these individuals are unable to attend the case staffing, the TEA Case Manager will obtain information regarding their involvement and the client's activities and progress by phone, email, etc. During the staffing, all information to be used to determine if a hardship extension is appropriate will be collected.

Cases that are in deferred status and not counted in the state count should be staffed at six month intervals based on the federal count as they are subject to the federal time limit. Therefore, these cases should be staffed every six months in the same manner as the cases that are subject to the state count.

### **A. Case Staffings at 42, 48, and 54 Months**

The report provided to the county each month listing cases and the number of months a client has received TEA will be used to identify the cases that have reached 42, 48, 54 and 58 months on the federal count. The county will use the information on the report to schedule case staffings. Prior to scheduling a staffing, the Case Manager should ensure

that the count on the report and on the TEPC screen is the correct count according to the information that is contained in the case record. If the count is not correct, the county will follow the current procedures for requesting a TEPC count correction.

Cases that reach the 42<sup>nd</sup> month due to being in deferred status will have subsequent staffings at 48, 54 and 58 months unless the circumstances change. If the circumstances are expected to change earlier, the staffing schedule can be adjusted accordingly. These case staffings will be completed in the same manner as the 6, 12, 18 month staffing until the case reaches the 58<sup>th</sup> month. The decision to extend beyond the 60 month time limit will be made following the 58<sup>th</sup> month case staffing. For the 42, 48, 54 month case staffing, the Case Manager will complete form DCO-196, TEA Pre-Staffing Summary Report, prior to the staffing and forms DCO-197, Case Management Staffing. Even though no extension decision will be made during these staffings, form DCO-198, Time Limit Case Review Checklist, will be completed for documentation.

Cases that reach the 42<sup>nd</sup> month due to being extended beyond the 24-month time limit will also have subsequent staffings at 48, 54, and 58 months. The Case Manager will complete form DCO-196, TEA Pre-Staffing Summary Report prior to the staffing and forms DCO-197, Case Management Staffing and DCO-198, Time Limit Case Review Checklist during the staffings. The information obtained during the staffing and documented on these forms will be used when determining whether or not to grant another extension. Decisions to grant extensions to the cases following the 42, 48, and 54<sup>th</sup> month staffings will be based on extension reasons listed in TEA 4141-4143.

## **B. Case Staffing at 58 Months**

A case staffing will be completed during the 58<sup>th</sup> month of cash assistance to determine if a hardship extension to the 60-month time limit will be given. The Case Manager will complete forms DCO-196, TEA Pre-Staffing Summary, DCO-197, Case Management Staffing and DCO-175, 58<sup>th</sup> Month Time Limit Review Checklist, during the staffing.

## **C. Making the Hardship Extension Decision**

Following the 58<sup>th</sup> month case staffing, the initial decision of whether or not to grant a hardship extension to the 60 month time limit and the length of the extension will be made by a local area panel consisting of the Area Director or Designee, County Administrator, ES Supervisor/TEA Supervisor and TEA Case Manager. The decision to extend or close the case will be made in accordance with the hardship extension reasons in this directive.

### **1. Local Area Panel Decision to Extend Beyond the 60 Month Time Limit**

If the area panel's decision is to extend the 60-month time limit, the decision will be sent for review and approval to the state level review panel in DCO/OPPD.

The County Administrator will send the local area panel's request for approval of the extension and the recommended length of the extension period via form DCO-176, Request for Approval of 60 Month Time Limit Extension, to the Office of Program Planning and Development, Attention: TEA Policy Unit Manager, Slot S333. A copy of form DCO-175, 60-Month Time Limit Review Checklist, must be sent with the DCO-176. The request for the state level approval must be sent within five (5) working days of the local panel's decision.

## **2. State Level Panel Review and Approval**

The state level review panel consists of the Assistant Director, Field Operations, the Assistant Director, Office of Program Planning and Development, the Employment/Income Support Manager and the TEA Policy Unit Manager. Upon receipt of the request, the panel will provide a decision via form DCO-176, Request for Approval of 60-Month Time Limit Extension within 5 working days from the date of receipt. Upon receipt of the state level panel's decision, the county will notify the client of the decision via form DCO-177, Notice of Time Limit Determination.

## **3. Local Area Panel's Decision to Close the Case**

If the local area panel determines to not extend beyond the 60-month time limit, the decision will not be sent for a state level review. The county will notify the client of the decision via form DCO-177, Notice of Time Limit Determination and take the appropriate action. DCO-178, Final Notice of Time Limit Determination, will be sent when the case is closed.

## **III. Supportive Services**

- Supportive services will be provided to a recipient whose case has been extended so that he or she can participate in the required activities. For example, a client who is participating in an ARS sheltered workshop may receive transportation assistance, if needed.
- Extended Supportive Services (ESS) will be available to an individual who has earnings and whose case is closed due to reaching the 60 month federal limit. This includes ESS employment bonus (if one has not been received in the past 12 months) ESS transportation assistance payment, case management services, job retention assistance and ESS Child Care assistance if needed.
- Extended Support Services (ESS) will be provided if an individual finds employment during the extension period and the case is closed.

#### **IV. Work Participation Status (WPST) Codes for Extensions Beyond the 60-Month Time Limit**

The following WPST codes will be used for the adult when the time limit is extended beyond the 60 month limit.

- 9B - Unable to participate in work activities due to circumstances beyond his control
- 9D - Physical or mental impairment too severe for ARS services, denied SSA/SSI through appeal
- 9H - Extended because of Fair Hearing
- 9S - Receiving treatment through severe barriers program
- 9V - Victim of domestic violence
- 9W - Participating in ARS sheltered workshop

#### **V. Closure and Denial Codes**

The following Action Reason codes will be used when closing a case due to reaching the 60 month federal time limit.

##### **A. 60-Month Closure Codes**

- 220 – Reached 60 months, no extension given or continued, not employed (Send DCO-177)
- 510 - Employed, reached 60 month limit, no extension (Send DCO-177)
- 511 – Extended, found employment during extension, requested case closure (System Generated Client Notice)
- 512 – Employed, became ineligible during extended period (System Generated Client Notice)
- 513 – Extended, employed at end of extension, no additional extension given (Send DCO-177)

##### **B. Denying an Application**

The following Denial Reason will be used to deny an application when the applicant has received 60 or more months of TANF cash assistance.

- 097 – Adult member has received Federal benefit limit of 60 months

#### **VI. Changes Occurring During the Extension Period**

Monthly contact, via phone contact, office or home visit will be maintained with the client during the extension period to determine if services are needed and are being provided. If the circumstances for which the extension was granted change, a determination will be made as to

what action will be taken on the case. If the adult is now able to participate in a work activity as a result of the change, the county may decide to leave the case open, provided the family is otherwise eligible, for a period of time which will be determined on a case by case basis to allow the family time to transition off TEA cash assistance. An Employment Plan will be developed.

## **VII. Eligibility Redetermination during the Extension Period**

Eligibility will be redetermined every 12 months on cases that are extended beyond the 60 month federal time limit.

## **VIII. Granting Additional Extensions**

A client may be granted additional hardship extensions provided a reason is met as outlined above in Section I. Prior to making the determination, a case staffing will be completed to review the individual's circumstances. If a hardship extension is granted for more than two months, the staffing should occur in the second month prior to the last month of the extension. If the area panel decides to recommend an additional hardship extension, the area panel will request approval for the extension following the procedures outlined in Section C steps 1 – 2 above.

If the local area panel's decision is to close the case at the end of the additional extension period, the decision will not be sent for a state level review. The county will notify the client of the decision via form DCO-177 and take the appropriate action. Form DCO-178 will be sent when the case is closed.

## **IX. Appeal Rights**

The client has the right to appeal the decision to not extend and to close the cash assistance case within 30 days of the date of the closure notice. If the client appeals within 10 days of the date of the notice (DCO-177), benefits will continue pending the hearing. The date of the notice will be the date the County Administrator signs it. The client will be informed of the timeframe for appeal on the notice by entering the date in the box in Section II (10 days from the date the County Administrator signs it).

The timeframes for an appeal are based on the date of the DCO-177 even if the effective date of the closure is more than 10 days from the date of the notice.

**Example:** Date of closure notice: April 10, 2002  
30-day appeal must be made no later than May 10, 2002  
Appeal date for benefits to continue must be made by April 20, 2002  
Effective Date of Closure: July 1, 2002

**X. Current Cases Which are at 58 or More Months on the Federal Count**

Cases that are at 58 or more months on the Federal count in May will be staffed in July 2002. The staffing will be completed following the procedures for a 58<sup>th</sup> month staffing as outlined in Section II (B & C) of this directive. Upon completion of the staffing, if the decision is to close the TEA case, an automatic three-month extension will be given. The last month of eligibility will be September 2002. If an extension to the 60-month limit is authorized, the first month of the extension period will be October 2002.

**Inquiries to:** Lorie Williams, TEA Policy Unit, 682-8256  
Gerry Reed, TEA Policy Unit, 682-8253  
Paula Gentry, TEA Policy Unit, 682-8182  
Renee Green, TEA Policy Unit, 682-8266

**Arkansas Department of Human Services  
Division of County Operations  
58<sup>th</sup> Month Time Limit Case Review Checklist**

**Date of 58<sup>th</sup> Month Staffing** \_\_\_\_\_

**Client's Name** \_\_\_\_\_ **Case Number** \_\_\_\_\_

- ✓ Has a mental or physical impairment too severe to be accepted for ARS services and has been denied SSI or SSA Disability through an appeal? Yes \_\_\_\_ No \_\_\_\_
- ✓ Is receiving ARS services by participating in a sheltered workshop and ARS states this is the extent of activities the client is able to do? Yes \_\_\_\_ No \_\_\_\_
- ✓ Is receiving treatment through the severe barriers project and the severe barriers assessment team is providing targeted case management services? Yes \_\_\_\_ No \_\_\_\_
- ✓ Is/was a victim of domestic violence? Yes \_\_\_\_ No \_\_\_\_
- ✓ Was unable to participate in a work activity due to circumstances beyond his/her control? Yes \_\_\_\_ No \_\_\_\_  
If yes, describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments** \_\_\_\_\_  
\_\_\_\_\_

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**Area Level Panel Decision**

☐ **Request for Approval of Extension submitted to State Level Review Panel for \_\_\_\_ Months**  
**Extension begins** \_\_\_\_\_ **and ends** \_\_\_\_\_

☐ **No Extension Granted by Area Level Panel**

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**Signatures:**

_____ <b>TEA Case Manager</b>	_____ <b>Date</b>	_____ <b>TEA/ES Supervisor</b>	_____ <b>Date</b>
_____ <b>County Administrator</b>	_____ <b>Date</b>	_____ <b>Area Director/Designee</b>	_____ <b>Date</b>

## **Instructions for DCO-175**

### **Purpose**

Form DCO-175, 60 Month Time Limit Case Review Checklist, is used when determining whether to grant an extension of the 60 month time limit to the TEA cash assistance case.

### **Completion**

Form DCO-175 will be completed by the TEA Case Manager after the 58th month staffing. The Case Manager will check off the appropriate responses to the questions. Comments may be provided as appropriate. The Case Manager, TEA/ES Supervisor, County Administrator and Area Director/Designee will sign the DCO-175 after an area level decision has been made.

### **Routing/Retention**

If the decision is to request approval for an extension, a copy of the DCO-175 will be sent to the State Level Review Panel, Office of Program Planning and Development, Attention: TEA Unit Manager, Slot S333. The original will be retained in the TEA case record in the Case Management section (Section 6 of 6 part folder). If the decision of the Local Area Panel is to not extend beyond the 60 months, the DCO-175 will be retained in the TEA case record until the record is destroyed.

**Arkansas Department of Human Services  
Division of County Operations**

**Transitional Employment Assistance (TEA)  
Request for Approval of 60-Month Time Limit Extension**

**TO: State Level Review Panel**  
**Attn: TEA Policy Unit Manager**  
**OPPD**  
**Slot S333**

**FROM:**

**SECTION I.     LOCAL AREA PANEL**

**Date Submitted for Review/Approval** \_\_\_\_\_

The TEA local area panel in \_\_\_\_\_ County is requesting a review and approval of the decision to extend the 60-month time limit for:

\_\_\_\_\_  
(Client's Name)

\_\_\_\_\_  
(Client's SSN)

\_\_\_\_\_  
(TEA Case Number)

I have attached a copy of forms DCO-198 and DCO-175.

\_\_\_\_\_  
(County Administrator's Signature)

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**SECTION II.     STATE LEVEL REVIEW PANEL**

**Date Received for Review** \_\_\_\_\_ **Date Review/Decision Completed** \_\_\_\_\_

**The request for an extension to the 60 month time limit has been reviewed and:**

☐ ☐ We approve the extension.

☐ ☐ We do not approve the extension. Our decision is based on the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signatures of State Level Review Panel:**

\_\_\_\_\_  
\_\_\_\_\_

## **Instructions**

### **DCO-176, Request for Approval of 60 Month Time Limit Extension**

#### **Purpose**

Form DCO-176, Request for Approval of 60-Month Time Limit Extension is used by the local TEA Area Panel to request approval of the local area panel's decision to extend the 60 month time limit.

#### **Completion**

Section I is completed by the county. Completion of this section is self-explanatory. Section I is signed by the County Administrator.

Section II is completed by the state level review panel. Completion of this section is self-explanatory. Section II may be signed by members of the state level review panel.

#### **Routing and Retention**

Forms DCO-176 and DCO-175, 60 Month Time Limit Review Checklist, and DCO-198, Time Limit Review Checklist, will be completed and sent to the State Level Review Panel within five (5) days of the local panel decision. A copy of the request will be kept in the case record in the Case Management section until the decision is received from the state level review panel.

Upon completion of the state level review, Section II will be completed and the original form will be returned to the County Administrator. The original will be retained in the TEA case record. A copy will be kept in OPPD TEA Unit's file.

**Arkansas Department of Human Services  
Division of County Operations  
Time Limit Case Review Checklist**

Date \_\_\_\_\_ of \_\_\_\_\_ Month Staffing

Client's Name \_\_\_\_\_ Case Number \_\_\_\_\_

- |   |           |          |
|---|-----------|----------|
| ✓ Is recipient currently employed?  | Yes _____ | No _____ |
| ✓ Is current household income sufficient to meet family's basic needs?                            | Yes _____ | No _____ |
| ✓ Does the recipient continue to have barriers to employment?                                     | Yes _____ | No _____ |
| ✓ Are there available resources to address those barriers?  | Yes _____ | No _____ |
| ✓ Have all available supportive services been provided?   | Yes _____ | No _____ |
| ✓ Were there barriers identified during the staffing that were not known to the agency (DCO-198)? | Yes _____ | No _____ |
| ✓ Did the recipient have any barriers during the 22 months that have not been addressed?          | Yes _____ | No _____ |
| ✓ Were all appropriate referrals made?<br>(TABE, Learning Disability, ARS, etc.)                  | Yes _____ | No _____ |
| ✓ Did recipient receive services through ARS?   | Yes _____ | No _____ |
| ✓ Did recipient receive services/treatment for Substance Abuse?                                   | Yes _____ | No _____ |
| ✓ Is/was recipient a victim of Domestic Violence?   | Yes _____ | No _____ |
| ✓ Is recipient participating in Education/Training activities?                                    | Yes _____ | No _____ |
| ✓ Is recipient within 6 months of completion of education/training?                               | Yes _____ | No _____ |
| ✓ Are children at risk of foster care placement if benefits are terminated?                       | Yes _____ | No _____ |
| ✓ Are children at risk of abuse or neglect if benefits are terminated?                            | Yes _____ | No _____ |
| ✓ Were there any extraordinary circumstances that affected participation?                         | Yes _____ | No _____ |
| ✓ Did the recipient fully comply with all work activity assignments?                              | Yes _____ | No _____ |

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extension Granted at \_\_\_\_\_ Month? Yes \_\_\_\_\_ for \_\_\_\_\_ Months No \_\_\_\_\_

If yes, check the reason below for the extension:

- ☐ Fully cooperated, unable to obtain employment due to circumstances beyond client's control.
- ☐ Extension deemed appropriate based on the individual case circumstances.
- ☐ Participated in education/training, complied with all work activities and is within 6 months of completion of the current education/training program.

Extension begins \_\_\_\_\_ and ends \_\_\_\_\_

Signatures _____	_____	_____	_____
Case Manager	Date	County Administrator	Date

## **Instructions for DCO-198**

### **Purpose**

Form DCO-198, Time Limit Case Review Checklist, is used when determining whether to grant an extension of the 24-month time limit to the TEA cash assistance case. DCO-198 is to be completed at the 22<sup>nd</sup> month staffing and all subsequent staffings.

### **Completion**

Form DCO-198 will be completed by the TEA Case Manager after the 22<sup>nd</sup> month staffing and subsequent staffings. The Case Manager will check off the appropriate responses to the questions. Comments may be provided if necessary. The Case Manager will also check whether or not the extension was granted and if yes, complete the month the extensions is granted (e.g. 24<sup>th</sup> month, 30<sup>th</sup> month, etc.), check the reason for granting the extension and enter the time period for which the extension covers. The Case Manager and the County Administrator will sign the DCO-198 after a determination has been made on the time limit extension.

### **Routing/Retention**

The DCO-198 will be signed by the Case Manager and the County Administrator and will be retained in the TEA case record in the Case Management section (Section 6 of 6 part folder).